MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

10/**2**6476

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT				A
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IN
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50	<u> </u>							100	
TOTAL IND.	2	1		4		1		TOTAL IND.	
TOTAL DEP.	9	4		4		4		TOTAL DEP.	
TOTAL	1.					No. of Lot		TOTAL .	
CLAIMS	11			A				CLAIMS	=

PTO - 1360 (REV. 11/04)

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	ASF	ILED		TER NDMENT	AFTER 2 MAMENDMENT		
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TOTAL DEP.		STEER STEER		₹ E		+	
CLAIMS		3,2	•				

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